

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Section 7.5

Enrollment, Disenrollment and Other Data Submission

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7.5.1 Introduction

The collection and reporting of accurate complete, and timely enrollment, demographic, clinical and disenrollment data is of vital importance to the successful operation of the ADHS/DBHS behavioral health service delivery system. It is necessary for behavioral health providers to submit specific data on each person who is enrolled into the behavioral health system. As such, it is important for behavioral health provider staff (e.g., intake workers, clinicians, data entry technicians) to have a thorough understanding of why it is necessary to collect the data, how it can be used and how to accurately “code” the data.

This data in turn is used by ADHS/DBHS to:

- Monitor and report on enrolled persons’ outcomes (e.g., changes in diagnosis or GAF, employment/educational status, place of residence, substance use, number of arrests);
- Comply with federal and state funding and/or grant requirements;
- Assist with financial-related activities such as budget development, rate setting;
- Support quality management and utilization management activities; and
- Respond to requests for information.

The intent of this section is to describe requirements for behavioral health providers to submit the following data in a timely, complete and accurate manner:

- Enrollment (intake) and disenrollment (closure) transactions;
- Demographic and clinical data, including substantive changes in a person’s behavioral health status; and
- Information about persons disenrolled from the behavioral health system, when necessary and appropriate.

7.5.2 References

The following citations can serve as additional resources for this content area:

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[AHCCCS/ADHS Contract](#)

[ADHS/T/RBHA Contract](#)

[Outreach, Engagement, Re-Engagement and Closure Section](#)

[Intake, Assessment and Service Planning Section](#)

[Appointment Standards and Timeliness of Service Section](#)

[Transition of Persons Section](#)

[Submitting Claims and Encounters Section](#)

[PM Attachment 7.5.1, Timeframes for Data Submission](#)

[ADHS Demographic Data Set Definitions](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

7.5.3 Scope

To whom does this apply?

This applies to all behavioral health providers who are delivering behavioral health services to persons who are enrolled in the ADHS/DBHS behavioral health system. It has particular relevance for those behavioral health providers that conduct intakes, assessments, ongoing service planning, and annual updates.

7.5.4 Did you know...?

- HIPAA 834-enrollment transactions must be submitted by T/RBHAs to ADHS/DBHS within 14 days of first contact with a behavioral health recipient. Behavioral health providers will be required to submit 834 transactions to the T/RBHA within a shorter timeframe (see subsection 7.5.7-A. for required timeframe).
- Behavioral health providers are permitted to submit and change single data fields when necessary, without being required to re-submit every data field contained in a transaction.
- Behavioral health providers delivering services to a Non-Title XIX person are not required to submit fund source changes if the person posts retroactive Title XIX eligibility. The ADHS/DBHS system will be notified by AHCCCS to change the person's fund source from Non-Title XIX eligible to Title XIX eligible and requires no action from the behavioral health provider. In instances where fund source is changed, a corresponding retroactive behavioral health enrollment will also occur. Behavioral health services provided during the retroactive eligibility period will be the responsibility of the T/RBHA.
- Personal financial information does not have to be collected during the intake process for persons that are Title XIX/XXI eligible.
- ADHS/DBHS has developed a flow chart that includes the timeframes for enrollment (intake), clinical and demographic, and disenrollment (closure) data. See [PM Attachment 7.5.1](#).

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7.5.5 Definitions

[834 Transaction Enrollment/Disenrollment](#)

[Behavioral Health Category Assignment](#)

[Client Information System \(CIS\)](#)

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)

7.5.6 Objectives

To ensure that data elements specified by ADHS/DBHS and the T/RBHAs are collected and submitted in a timely, complete and accurate manner for each person enrolled in the public behavioral health system.

7.5.7 Procedures

7.5.7-A: Enrollment and disenrollment transactions

General requirements

- All persons who are served through the ADHS/DBHS behavioral health system must be enrolled, even if the person only receives a single service (e.g., crisis intervention, one time face-to-face consultation).
- For a person to be enrolled, behavioral health providers must submit an 834 enrollment transaction to the T/RBHA.
- Behavioral health providers must submit enrollment data for any person receiving covered behavioral health services or the provider will not be reimbursed.
- A person who needs a covered behavioral health service must be enrolled effective the date of first contact by a behavioral health provider.

When is enrollment information collected?

Information necessary to complete an 834 transaction is usually collected during the intake and assessment process (see [Section 3.9, Intake, Assessment and Service Planning](#)).

What kind of data must be submitted to complete an enrollment or disenrollment?

The data fields that are included in the 834 transmittals are dictated by HIPAA and consist of:

- Key client identifiers (e.g., person's name, address, social security number, date of birth) used for file matching;
- Basic demographic information (e.g., gender, marital status); and
- Information on third party insurance coverage.

For a specific list of data elements necessary to create an 834 enrollment (intake) and disenrollment (closure), see [PM Attachment 7.5.2](#).

What happens if there is not enough information to complete an enrollment?

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Behavioral health providers must actively secure any needed information to complete the enrollment (834 transaction). An 834 transaction will not be accepted by the T/RBHA if required data elements are missing.

What are the timeframes for submitting enrollment and disenrollment data?

The following data submittal timeframes apply to the enrollment/disenrollment transactions:

The 834-enrollment transaction must be submitted to **[T/RBHA add name here]** within **[T/RBHA insert number of days]** days of the first contact with a behavioral health recipient;

The 834 disenrollment transaction must be submitted to **[T/RBHA add name here]** within **[T/RBHA insert number of days]** days of the person being disenrolled from the system; and any changes to the enrollment/disenrollment transaction data fields (e.g., change in address, insurance coverage) must be submitted **[T/RBHA insert number of days]** days from the date of identifying the need for the change.

Other considerations

- When a person re-locates from one T/RBHA's geographic area to another T/RBHA's geographic area, an inter-RBHA transfer must occur (see [Section 3.17, Transition of Persons](#)). The steps that are necessary to facilitate an inter-RBHA transfer include the following data submission requirements:
 - The home T/RBHA must submit an 834 disenrollment transaction on the date of transfer; and
 - The receiving T/RBHA must submit an 834 enrollment transaction on the date of accepting the person for services.
- When a T/RBHA enrolled person is determined eligible for the Arizona Long Term Care System (ALTCS) Elderly and Physically Disabled (EPD) Program, the behavioral health provider must submit an 834 disenrollment transaction, effective the date of ALTCS/EPD eligibility.

What technical assistance is available to help with problems associated with electronic data submission?

At times, technical problems or other issues may occur in the electronic transmission of the data from the behavioral health provider to the receiving T/RBHA. If a behavioral health provider requires assistance for technical related problems or issues, please contact **[T/RBHA enter contact name and telephone numbers for IT technical assistance]**

7.5.7-B: Demographic and clinical data

When is demographic and clinical data collected?

Demographic and clinical data will primarily be collected during the intake and assessment process. Additional clinical data may be acquired at subsequent assessment and service planning meetings with the enrolled person (e.g., education, vocation) as well as during periodic and annual updates.

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What are the specific data elements?

ADHS/DBHS has established a set of required demographic and clinical data elements that must be collected and submitted within required timeframes (see [PM Attachment 7.5.3](#)). The T/RBHA has developed a form for behavioral health providers to use to collect this information **[T/RBHA reference and attach link to form here]**. Any additions, changes and/or modifications to the ADHS/DBHS required demographic data elements must be prior approved by the ADHS/DBHS Policy Office.

What are the timeframes for submitting demographic and clinical data?

The following timeframes apply to demographic and clinical data submission (see [PM Attachment 7.5.3](#)):

- All required demographic data submitted to **[T/RBHA insert name here]** within **[T/RBHA insert number of days]** of the initial intake for all enrolled persons.
- Behavioral health providers are encouraged to update demographic data elements on an ongoing basis, as appropriate, and are required to update all applicable demographic data elements when:
 - There is a significant change in the person's condition resulting in a change in the person's diagnostic code for behavioral health (Axis I or II); or a change in the person's behavioral health category assignment;
 - Completing the annual update (see [Section 3.9, Intake, Assessment and Service Planning](#)); and
- All required data elements submitted to **[T/RBHA insert name here]** within **[T/RBHA insert number of days]** of disenrollment. The required data elements include the reason for the person's disenrollment.

Determining a behavioral health recipient's behavioral health category assignment

Behavioral health providers must designate a person's behavioral health category assignment during the intake and assessment process as well as at any other times that necessitate changes to the person's assignment (e.g., transition to adulthood). Behavioral health categories include:

- Child;
- Adult with SMI
- Adult, non-SMI with general mental health need; and
- Adult, non-SMI with substance abuse.

Behavioral health providers must initially assign and update, as necessary, behavioral health category assignments as follows:

- For child enter "C";
- For a person determined to have a serious mental illness enter "S";

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- For an adult non-SMI person with a general mental health need (who does not have a substance abuse problem) enter “M”; and
- For an adult non-SMI person with a reported substance abuse problem enter “G”.

The child behavioral health category is determined by the behavioral health recipient’s age. For adults, each category is solely determined by the person’s diagnosis, with the exception of a person determined to have a serious mental illness (SMI). A person determined to have a serious mental illness must meet diagnostic and functional criteria as described in [Section 3.10, SMI Eligibility Determination](#). [PM Attachment 7.5.4](#) contains diagnostic codes and corresponding behavioral health category assignments.

How can demographic and clinical data be used?

Behavioral health providers are encouraged to utilize demographic and clinical data to improve operational efficiency and gain information about the persons who receive behavioral health services. Behavioral health providers may consider:

- Utilizing and integrating collected demographic data into the person’s assessments;
- Monitoring the nature of the provider’s behavioral health recipient population; and
- Evaluating the effectiveness of the provider’s behavioral health services towards improving the clinical outcomes of persons enrolled in the ADHS/DBHS system.

What technical assistance is available to help with problems associated with demographic and clinical data submission?

At times, technical problems or other issues may occur in the electronic transmission of the clinical and demographic data from the behavioral health provider to the receiving T/RBHA. If a behavioral health provider requires assistance for technical related problems or issues, please contact **[T/RBHA enter contact name and telephone numbers for IT technical assistance]**